

NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area: North/Northeast Texas	HMAZ/LMAZ Area: Rural North
BDTP: F/MS Men	SUBPOPULATION: Anglo/White (1,12)

	# of surveys completed: 43	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	<ul style="list-style-type: none"> Over 40% reported more than one sex partner in the past year; 30% reported more than 3 partners in the past year. 6% reported that at least one of their sex partners in the past year now had HIV. 13% reported at least one of their sex partners in the past year had an STD. 24% say they had been treated for an STD in the past year. Only 15% reported engaging in anal sex. Of those engaging in anal sex, 15% reported never using a condom and 6% reported always using a condom for anal sex. Of those engaging in oral sex, 56% percent never use a condom for oral sex. Of those engaging in vaginal sex, 40% never use a condom for vaginal sex. The primary location where this Anglo/White F/MS men engaged in anal sex is at home [7%]¹. The top five things Anglo/White F/MS men said they do to keep from getting HIV are (in order): have only one sex partner [42%]¹, don't inject drugs [26%], sometimes use condoms [23%], don't share IDU equipment [21%], don't abuse alcohol or drugs [23%],. The top five things Anglo/White F/MS men said they do to keep from getting STDs are (in order): have only one sex partner [35%]¹, sometimes use condoms [35%], don't inject drugs [31%], always use condoms [23%], don't abuse alcohol or drugs [19%]. 	<ul style="list-style-type: none"> A fairly high proportion of the population reported they have engaged in sex with multiple partners. There is a low prevalence of HIV and STDs in the population based on the morbidity profile for this population. Reported condom use, particularly with anal sex is higher than observed in other populations. While public locations were indicated as places where Anglo/White F/MS men engaged in sex, similar proportions indicated these activities occur in more private locations. This should be taken into account when trying to reach this population.

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

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*Knowledge (9,11)	<p>Among Anglo/White F/MS men:</p> <ul style="list-style-type: none"> • 72% indicated that anal sex without a condom might increase a person's chance of getting HIV, 51% for getting STDs other than HIV. • 56% and 74% indicated that oral and vaginal sex without a condom, respectively, might increase a person's chance of getting HIV; 58% and 54% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting STDs other than HIV. • 77% indicated that sex-trade work might increase a person's chance of getting HIV, 44% for getting STDs other than HIV. • 77% indicated that unprotected sex under the influence might increase a person's chance of getting HIV, 49% for getting STDs other than HIV. • 79% indicated sex with more than one partner might increase a person's chance of getting HIV, 51% for getting STDs other than HIV. • 84% indicated that injecting drugs and sharing works might increase a person's chance of getting HIV, 35% for getting STDs other than HIV. • 77% indicated that having sex with men might increase a person's chance of getting HIV, 40% for getting STDs other than HIV. • 79% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV, 54% for getting STDs other than HIV. • 67% indicated that blood transfusions might increase a person's chance of getting HIV, 23% for getting STDs other than HIV. • 72% indicated that needle sticks might increase a person's chance of getting HIV, 26% for getting STDs other than HIV. • 74% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV, 44% for getting STDs other than HIV. 	<ul style="list-style-type: none"> • Approximately three-fourths of the population showed good knowledge of HIV transmission routes. This community shows fairly good knowledge of HIV and STD transmission routes, given these risks.

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*Attitudes & beliefs (10,32,34)	<ul style="list-style-type: none"> Overall, Anglo/White F/MS men in this population indicated they strongly agreed that a person should tell their partner if they have HIV or an STD whether they use a condom or not. The top three reasons Anglo/White F/MS men indicated they had sex without a condom are (in order): trust in partner [40%]¹, don't like condoms [26%], drunk or high [21%]. 79% indicated they were not likely to get HIV, and 82% indicated they were not likely to get an STD. 	<ul style="list-style-type: none"> Most respondents in the survey indicated a motivation to discuss HIV and STD risks if they are infected. Primary barriers to condom use were trust in partner, dislike of condoms, and being under the influence. Considering the low morbidity rates in this community, the personal perception of risk is to be expected.
*Current communication skills	<ul style="list-style-type: none"> 31% of the Anglo/White F/MS men who responded indicated they have talked about getting HIV with at least some of their partners. 29% of the Anglo/White F/MS men who responded indicated they have talked about getting an STD other than HIV with at least some of their partners. 	<ul style="list-style-type: none"> While most of the Anglo/White F/MS men indicated they should discuss with their partners if they had an STD or HIV, less than a third of this population has discussed the possibility of this risk with their partners.
*Social/peer support (17)	<p>When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of Anglo/White F/MS men indicated they would tell:</p> <ul style="list-style-type: none"> Their family; 50% for HIV, 7% for an STD. Their current partner(s); 36% for HIV, 10% for an STD. Their past partner(s); 32% for HIV, 16% for an STD. Their friends; 47% for HIV, 18% for an STD. 	<ul style="list-style-type: none"> A large proportion of the population reported they would be uncomfortable telling family, friends and partners if they contracted HIV. They were much less likely to talk about an STD infection.
Testing history/need for testing (18-23)	<ul style="list-style-type: none"> 43% of survey respondents indicated they have tested for HIV in the past year. Of those who were tested, they tested an average of 1.8 times a year. The top two reasons Anglo/White F/MS men indicated they tested were (in order): sex without a condoms [19%]¹, part of routine health care [12%]. The top three reasons Anglo/White F/MS men indicated they did not test are (in order): not at risk [23%]¹, not sexually active [9%], don't know where to get tested [7%]. None of the respondents indicated they have tested 	<ul style="list-style-type: none"> Testing proportions in this population are good, both in terms of the proportion tested and the frequency of test, especially with the majority of the population having one to three partners in that time period. Only 12% of respondents indicated a preventive behavior, part of routine care. Most other reasons were due

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	<p>positive for HIV.</p> <ul style="list-style-type: none"> 31% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 1.8 times a year. 33% of Anglo/White F/MS men who have tested for an STD in the past year indicated they have tested positive for an STD. 24% of respondents indicated they have been treated at least once for an STD in the past year. The top two reasons Anglo/White F/MS men indicated they did not test are (in order): thinking they are not at risk [28%]¹, not sexually active [14%]. 7% of respondents indicated they have tested for Hepatitis A in the past year, 21% for Hepatitis C, 12% for Hepatitis B, and 33% tested for Tuberculosis. 26% of respondents who didn't test indicated they did not test because they didn't think they were at risk, 19% did not have symptoms of any of those diseases. 	<p>to potential failures of prevention activities.</p> <ul style="list-style-type: none"> The primary barrier to access testing was thinking they are not at risk. An average proportion of the respondents indicated they felt the need to be tested for an STD in the past year Approximately a third of this sub-population indicates they have been tested for other diseases in the past year. This supports the critical nature of referrals to appropriate providers.
<p>Prevention services currently accessed (19,21) Note: For testing, community-based organizations and corrections were not provided as a response option.</p>	<ul style="list-style-type: none"> The top three locations Anglo/White F/MS men go for an HIV test are (in order): other public clinics [9%]¹, doctor's office [7%], hospital [5%]. Collectively, 19% tested at some other site such as a jail or prison. The top four locations Anglo/White F/MS men go for an STD examination are other public clinics, doctor's office, hospital, and public STD clinics [5%]¹. Collectively, 7% tested at some other site such as a jail or prison. 10% of respondents indicated barriers in their community to seeking prevention services. These include (in order): don't know where to go for programs or services [5%]¹, town or community is too small [2%], lack of transportation [2%], and fear [2%]. The top three locations where Anglo/White F/MS men have gotten HIV information are (in order): school [21%]¹, local HIV/AIDS organizations [21%], treatment centers [19%]. The top three locations where Anglo/White F/MS men have gotten information on STDs are (in order): school [19%]¹, local HIV/AIDS organizations [16%], 	<ul style="list-style-type: none"> The primary sources for HIV testing and STD diagnosis and treatment are doctors' offices, hospitals, public clinics, and jails/prison. Not knowing where to go for programs or services, size of town or community, a lack of transportation, and fear were cited as barriers to access services. In contrast to testing and diagnosis services, prevention information and helpful information was primarily obtained from school, community-based organizations, and private and public health care providers.

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	<p>treatment centers [16%].</p> <ul style="list-style-type: none"> The top five locations where Anglo/White F/MS men have gotten information on HIV that has helped them are (in order): local HIV/AIDS organizations [26%]¹, treatment centers [23%], health care providers [19%], community counseling and testing centers [16%], public health clinics [16%]. The top four locations where Anglo/White F/MS men have gotten information on STDs that has helped them are (in order): treatment centers [23%]¹, local HIV/AIDS organizations [19%], health care providers [19%], public health clinics [16%]. 	
Prevention needs (35-39)	<ul style="list-style-type: none"> For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): basic information on HIV/STDs [35%]¹, how to have safe sex [26%], how to talk to partner about using condoms [16%], drug abuse counseling and treatment [9%]. Primary locations where Anglo/White F/MS men indicated they would get information on HIV in the future are (in order): treatment centers [51%]¹, local HIV/AIDS organizations [44%], health care providers [44%], other health clinics [42%], public health clinics [40%], community counseling and testing centers [35%]. Primary locations where Anglo/White F/MS men indicated they would get information on STDs in the future are (in order): treatment centers [40%]¹, health care providers [40%], local HIV/AIDS organizations [35%], public health clinics [33%], other health clinics [30%]. Primary locations where Anglo/White F/MS men indicated they would NEVER get information on HIV in the future are (in order): bars [47%]¹, work [35%], bath houses [33%], radio [28%]. Primary locations where Anglo/White F/MS men indicated they would NEVER get information on STDs in the future are (in order): bars [44%]¹, work [35%], bath houses [30%], radio [28%], newspaper [26%]. 	<ul style="list-style-type: none"> Basic HIV and STD information lead the activities wanted by Anglo/White F/MS men, followed by interventions on how to have safe sex, communication skills, and drug abuse counseling and treatment. The primary locations where Anglo/White F/MS men indicated they would go to get HIV and STD information are community-based organizations and public and private clinics. The locations where Anglo/White F/MS men would never seek HIV or STD prevention messages are bars, work, bath houses, the radio, and the newspaper.

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Specific Information about HIV⁺ from HIV⁺ risk profiles	<p>Statewide for all HIV positive Anglo/White F/MS² men:</p> <ul style="list-style-type: none"> • 48% indicated they never used a condom for anal sex, 44% never used a condom for vaginal sex, and 71% never used a condom for oral sex. • Nearly 7% indicated an STD diagnosis in the past year. • Over 20% indicated more than 1 sex partner in the past year. • None indicated some sex trade work in the past year. • Two-thirds indicated substance use with sex in the past year. • A third indicated their partners were at risk, and nearly 20% indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [58%]¹, marijuana [24%] and cocaine [13%]. <p>In Rural North, all HIV positive F/MS men indicated²:</p> <ul style="list-style-type: none"> • 20% indicated an STD diagnosis in the past year. • 20% indicated they had more than 1 partner in the past year. • None indicated sex trade in the past year. • Two-thirds indicated substance use with sex in the past year. • Nearly a quarter indicated their partner was at risk, and over a quarter indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [47%]¹, marijuana [27%] and cocaine [20%]. 	<ul style="list-style-type: none"> • The proportion of Anglo/White F/MS men positives reporting never using a condom for anal sex is over 3 times that reported for Anglo/White F/MS men by the needs assessment. Condom use for vaginal and oral sex are similar between positives and negative Anglo/White F/MS men • The proportion of HIV positives with a recent STD diagnosis is average, considering 20% have multiple sex partners. • A quarter to a third of HIV positives indicated their sex partner was at risk. • The drugs of choice for HIV positives are alcohol, marijuana, and cocaine.
Other		

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